

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 12-6-02

• 01-348

Christopher C. Cinnamon
307 North Michigan Avenue
Suite 1020
Chicago, IL 60601

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Amy Bowin B. Date of Delivery 12/7/02

C. Signature X Amy Bowin ☐ Agent ☐ AddresseeD. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

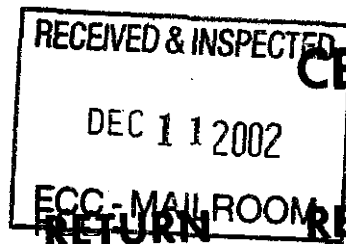
0023 0771 2825

PS Form 3811, July 1999

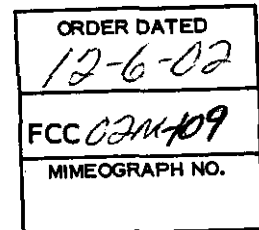
Domestic Return Receipt

102595-00-M-0952

DOCKET NO. 01-348



**CERTIFIED
MAIL
RECEIPT**



REQUESTED

NAME: Christopher C. Cinnamon
307 North Michigan Avenue
Suite 1020
Chicago, IL 60601

C. R. R. NO.

BY _____

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

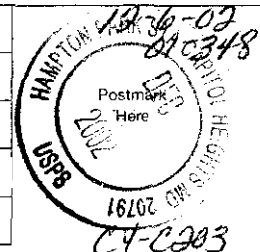
Postage \$ 97

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.42



Name (Please Print Clearly) (to be completed by mailer)

CHRISTOPHER C. CINNAMON
Street, Apt. No. or PO Box No. Suite
307 North Michigan Avenue 1020
City, State, ZIP+4
Chicago, IL 60601

PS Form 3800, July 1999

See Reverse for Instructions

7000 0600 0 0771 2825